

State of Illinois
Department of Children and Family Services

HMR Licensing and Permanency Initiative

PAYMENT COMPARISON WORKSHEET

Number of Related Children and Ages:

	<u>Age of Child</u>	<u>SON Rate</u>	<u>Full Board Rate</u>
Child #1:	_____	_____	_____
Child #2:	_____	_____	_____
Child #3:	_____	_____	_____
Child #4:	_____	_____	_____
Child #5:	_____	_____	_____
Child #6:	_____	_____	_____
Child #7:	_____	_____	_____
Child #8:	_____	_____	_____
Subtotal:	_____	_____	_____

Board Rate Subtotal – SON Subtotal = _____

The relative caregivers would get \$ _____ more each month by becoming licensed.

Prepared by: _____
(Licensing/Permanency Worker)

Date: _____